### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

# **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: POINT MANOR (0010796)

Address: 1800 SHERMAN AVENUE, STEVENS POINT, WI 544817215

**License Status: REGULAR** 

Licensed/Certified/Registered 06/01/2005

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey	History

Survey ID: 0095286 End Date: 06/24/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009432 Served 07/18/2005

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(d)	REVIEW OF PROGRESS		
83.33(4)(a)	PERSONAL CARE		
83.41(10)(b)	MECHANICALS IN GOOD REPAIR		
83.41(4)(a)	HEATING		

Survey ID: 0094318 End Date: 10/14/2004 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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### **Enforcement History**

Date: 07/15/2005 SOD #10009432 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.19(1)(d)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

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**Complaint History** 

Date Complaint Received: 06/06/2005 Date Investigation Completed: 06/24/2005

Subject Area(s)ResultSOD #RESIDENT RIGHTSSUBSTANTIATED10009432